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**TRANSMITTAL  
FORM**

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/630,112	
	Filing Date	July 30, 2003	
	First Named Inventor	Xiang Li et al.	
	Art Unit	1741	
	Examiner Name		
Total Number of Pages in This Submission	7	Attorney Docket Number	O1056/20009

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address (included with Declaration)	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	- Declaration;
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	- Copy of Notice to File Missing Parts; and
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	- Return Receipt Postcard
<input checked="" type="checkbox"/> Response to Missing Parts/Incomplete Application	<b>Remarks</b>  The Office is authorized to charge or credit our Account No. 03-0075 as necessary to effect entry and/or ensure consideration of this submission.	
<input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
<input type="checkbox"/> Assignment and Cover Sheet		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Caesar, Rivise, Bernstein, Cohen & Pokotilow, Ltd. (Customer No. 03000)
Signature	Michael J. Cornelison, Registration No. 40,395
Date	11/14/2003

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